



TRICARE Northwest

[Http://tricarenw.mamc.ameddmarmy.mil](http://tricarenw.mamc.ameddmarmy.mil)

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WEB SITES TO CHECK OUT

NCI Clinical Cancer Trials
<http://www.tricare.osd.mil/cancertrials>
<http://cancerTrials.nci.nih.gov>

TRICARE Prime Remote
<http://www.tricare.osd.mil/remote/>

Health Care Information Line
www.pha-online.com/hcil

MAMC Affiliated with USUHS

Sharon D. Ayala, Madigan Army Medical Center

A ceremony was conducted Sept. 10 at Madigan Army Medical Center to consummate the recent partnership between Madigan and the Uniformed Services University of the Health Sciences (USUHS). As an affiliate partner, Madigan will provide 45-day medical rotations to medical students from the USUHS. More than 70 medical students are expected to receive medical training in various specialties ranging from pediatrics to general surgery. As a gesture of appreciation, Dr. James Zimble, president, Uni-

formed Services University of the Health Sciences, presented BG Mack Hill, commander of Madigan, with an engraved plaque naming Madigan as a cooperative partner.

"The university doesn't exist without clinical sites such as Madigan," Zimble said. "There is a lot of effort that goes into what you all do at Madigan and we really appreciate it."

The USUHS has been educating young men and women for careers as physicians in the Army, Navy, Air Force and Public Health Service since 1976. The

school recognizes that training would not be possible without the exceptional support of its affiliated teaching institutions.

"We at Madigan are standing by to support this program. It's off to a great start," Hill commented. "Right now, we are expecting about 70 students per year and are looking forward to increasing that number."



MOU Cuts Laser Surgery Costs; Improves MD Training

Sharon D. Ayala, Madigan Army Medical Center

Thanks to a recent Memorandum of Understanding (MOU) between the Ophthalmology Clinic at Madigan Army Medical Center and a Tacoma-based civilian company

called Clear Vision Laser, family members of active duty soldiers and military retirees now have access to a surgical procedure to correct nearsightedness, farsightedness or astigma-

tisms.

Refractive surgery is an elective procedure that is not covered under TRICARE Prime. In the past, individuals who wanted to

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MOU Cuts Laser Surgery Costs; Improves MD Training, Contd

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improve their vision with the help of surgery had to go to a civilian physician and pay between \$2,500 to \$3,000 per eye. To keep costs down, three Madigan staff ophthalmologists will be performing the surgeries using Clear Vision Laser's facility and laser equipment.

According to LTC (Dr.) Vernon Parmley, director, Cornea Services at Madigan, this agreement helps to accomplish two things: "First, the cost to our military beneficiaries will be significantly reduced. Military dependents will not incur any physician fees because Madigan will provide the doctors. However, Clear Vision Laser will charge patients a service fee ranging from \$850 per eye to \$950 per eye."

There are two commonly performed procedures that enhance a person's vision. Photo Refractive Keratectomy or PRK, is approved by the FDA and involves using a laser on the surface of the cornea and usually takes one to two weeks to heal. The Laser Assisted In Situ Keratomileusis or LASIK, is a spin-off of the PRK, and has a shorter recovery period. "The PRK procedure involves using the laser on the surface of the cornea. It leaves an abrasion and takes longer to heal. The LASIK, which is the more popular of the two, involves using a special blade to cut and lift a flap of the cornea. The laser is then used under the flap and it's laid back

down," Parmley explained.

"Because the laser is used under the cornea, the patient suffers no abrasion and recovery is one to two days versus a few weeks." Parmley added that the surgery is an outpatient procedure that usually takes about 30 minutes.

Patients interested in corrective eye surgery must be at least 21-years old and have a referral to the ophthalmology clinic from their primary care provider.

This agreement also allows Madigan to fulfill a graduate medical education requirement determined by civilian residency review guidelines that require ophthalmology residents to be familiar with laser eye surgery procedures. Residency review committees accredit Madigan's residency programs.

"Initially, residents will not treat patients, but will see them pre- and post-operatively. Then, gradually, senior ophthalmology residents will begin to receive the training at Naval Regional Medical Center in San Diego and subsequently begin performing the surgeries on Madigan patients," Parmley said.

Individuals who will benefit from this service the most are those under 40 because it takes away their need for glasses by correcting nearsightedness, farsightedness and astigmatism.

"When people hit their mid-40s, natural aging causes them to have trouble seeing things up close. These people will probably need

glasses for reading in spite of having the surgery earlier to improve distance vision. The aging condition, called presbyopia, is different from farsightedness and is not yet correctable through laser surgery," Parmley explained.

Corrective eye surgery is a very expensive procedure that is not routinely available to military dependents at military hospitals. The laser equipment costs up to half a million dollars. The maintenance expense is about \$50,000 per year.

According to Parmley, the Army does not think it is right to have soldiers pay out of pocket costs for a procedure that is performed by a military physician. Consequently, this service is not yet available to active duty soldiers. They may, however, pay to have the procedure done by a civilian physician, but should check with their commanders prior to having the procedure.

Another item of interest to soldiers is the fact that potential recruits who have had a PRK or LASIK procedure done over a year ago and are experiencing no problems may enter the Army. However, LASIK is still an entry disqualifier and requires a waiver. Any laser eye surgery remains a disqualifier for passing a flight physical.



Supplemental Health Care Program Initiated

Chris Hober, NWLA

This month marks the beginning of the Supplemental Health Care Program (SHCP) that replaces the Active Duty Claims Program (ADCP) for payment of service members medical care while in travel status and for those referred to civilian providers by military treatment facilities.

Under the new program, the TRICARE Northwest Managed Care Support Contractor, Foundation Health Federal Service, will process and resolve SHCP claims and will, in turn, receive reimbursement through the TRICARE Management Activity (TMA) Office of Contract Resource Management. This includes inpatient and outpatient emergency care, authorized non-emergency care and pharmacy services within the 50 United States and the District of Columbia. Dental care is not included in SHCP and will continue to be processed under each uniformed service's respective procedures. SHCP also excludes claims that would be paid under the TRICARE Prime Remote (TPR) Program.

When service members require care that cannot be provided by the military treatment facility (MTF), the MTF may refer the service member to a civilian provider in the civilian community or to an internal resource sharing provider. The MTF then works with FHFS Health Care Finders to authorize the referral. Under SHCP, the active duty service member is not responsible for co-payments, cost-shares or deductibles. If the provider requires that they pay "up front," the active duty servicemember will be reimbursed in full. If third party liability is involved in the claim, claim payment will not be delayed.

If a service member is en route to another location due to leave, change of duty station

or TDY/TAD, authorization for non-emergency care and pharmacy service will be coordinated through Service Points Of Contact or SPOCs. The SPOC for Army, Air Force and Navy/ Marine Corps is located at the Military Medical Support Office (MMSO). Coast Guard, Public Health Service and the National Oceanic Atmospheric Administration (NOAA) will also have SPOCs for their respective services.

In the case of an emergency, the service member would simply seek the necessary care at the nearest emergency room. Once stabilized, the service member, a family member or a member of the hospital staff must contact MMSO to report the emergency to the SPOC.

In non-emergent situations, the service member would call the SPOC and obtain authorization for the care in advance. The SPOC, in turn, will coordinate with the responsible managed care support contractor to arrange for medical coverage. If urgent care is needed, the SPOC is required to respond within 48 hours of the request for authorization. [\(This paragraph speaks to non-MTF referred care, for MTF referred the authorization is by the MTF\).](#)



!!!!!!! NOTICE !!!!!!!
MONEY - MONEY - MONEY

There is research money available for qualifying telemedicine projects.
 If you are interested in finding out more about it and/or developing a proposal,
 please come to an information briefing presented by personnel from
 Telemedicine and Advanced Technology Research Center, Ft. Detrick MD

We will hear about the state of telemedicine in the AMEDD
 AND how we can make our projects more competitive for these grants

Date: 8 OCT 99

Time: 1000-1130

Place: OB-Gyn classroom (in Human Resources hallway)

To register call LTC Rozelle, 968 3255



**Everything You Always Wanted to
 Know About Breast
 Cancer But Were Afraid to Ask**

Friday, Oct. 8, 1999

Naval Air Station Whidbey Island

NorWester Activity Center

Check-in 8:00-8:45

Symposium 8:45-4:00

Free Admission

Limited Seating Available

Same Day Registration Available,

Space Permitting

Continental Breakfast and Lunch Provided

Call (360) 257-9830 to Register

Upcoming CME Conferences

Risk Management Course

November 1-2, 1999

Madigan Army Medical Center

Dept of Emergency Medicine Conference Room

Tacoma, WA

Faculty Development Course

November 4-5, 1999

Ft. Lewis Golf Course ,Ft. Lewis, WA

Introduction: Clinical Investigation Short Course

November 17-18, 1999

Ft. Lewis Golf Course, Ft. Lewis WA

MEDICARE + Choice Conference

November 19, 1999

Letterman Auditorium , MAMC

Tacoma, WA

Pediatric Conference

January 28-29, 1999

Cavanaugh's Hotel

Olympia, WA

For more information on the above conferences, call
 the MAMC Continuing Medical Education Office at
 968-1499.

